DOCUMENT RESUME

ED 124 798 95 CE 007 434

TITLE	Advance Placement Nursing. Final Report.
INSTITUTION	Kirkwood Community Coll., Cedar Rapids, Iowa.
SPONS AGENCY	Iowa State Dept. of Public Instruction, Des Moines.; Office of Education (DHEW), Washington, D.C.
REPORT NO	VT-102-962
PUB DATE	Jan 76
NOTE	92p.; Not available in hard copy due to marginal reproducibility; Page 40 containing the names of the students evaluated in the program was removed; It is not included in the pagination
EDRS PRICE	MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS	*Advanced Placement Programs; Associate Degrees; *Health Occupations Education; *Nursing; *Performance Tests; *Program Descriptions

ABSTRACT

This report covers the period of April 1974 to September 1975 of a project to develop and implement a procedure to place candidates for registered nursing programs with previous experience in the appropriate level of the associate degree program. The five steps undertaken in meeting the project goal are described in the report: development of the mechanism, selection of candidates, competency evaluation, planning courses of study, and placement of candidates in existing programs. The major portion of the document (65 pages) consists of appended project-related material, including: an outline of the advance placement procedures concerning eligibility, admissions policies, and course prerequisites; the results of the challenge exams with distribution figures; a chart of the estimated costs of advanced placement; the form used by candidates to evaluate the advance placement program; the syllabus and course outline for the advance placement seminar; clinical performance tests that contain evaluation criteria, performance objectives, and specific tasks. (NJ)

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ED124798

Advance Placement Nursing

Kirkwood Community College

Final Report

January 1976

CE007434

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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Exemplary Project
Final Report

Title of Project:	Advance Placement Nursing
Educational Agency:	Kirkwood Community College Merged Area X 6301 Kirkwood Blvd. S.W. P.O. Box 2068 Cedar Rapids, Iowa 52406
Project Directors:	Katherine Loomis 1973-74 Gretchen Fethke January 1, 1975
Time Period:	October 1, 1973 - September 30, 1975

VT 102962

REPORT SUMMARY

The report covers the eighteen month period of the Advanced Placement Nursing Grant April, 1974 through September 30, 1975. The goal of the project was to develop and implement a procedure to place individuals working in or with previous experience in the health field in the appropriate level of Associate Degree Nursing Course Curriculum for continued nursing education and graduation with eligibility to take the Iowa Registered Nurse State Board Examination.

The procedure was established through a series of five steps including:

I. Development of the Mechanism
II. Selection of Candidates
III. Competency Evaluation
IV. Planning Courses of Study
V. Placement of Candidates in Existing Programs

The goal of the project was satisfactorily accomplished by completion of the above five steps of the procedure. Students with previous health experience may apply for admission to the nursing education program as an advanced placement student. Twenty students are admitted per year. Evaluation of the didactic and clinical competency is utilized to appropriately place the student in the curriculum, and as a guide for individual strengths and weaknesses. Kirkwood Community College continues to support the endeavor.

Throughout the eighteen months steps of the procedure have been continually revised and refined. The bulk of students applying for admission are licensed practical nurses. These students are admitted directly to the fourth quarter

of the eighth quarter program enabling them to complete their ADN education in five quarters in sequence with the generic program students. The conclusion derived was that with very few exceptions, the LPN needed testing for individual strengths and weaknesses information and not for appropriate placement in the basic curriculum. Other health workers continue to need diagnostic evaluation.

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KIRKWOOD COMMUNITY COLLEGE
Nursing Education

ADVANCE PLACEMENT PROGRESS REPORT
January 1975

An advance placement option in the Kirkwood Associate Degree Nursing Program was considered in the developmental phase of that program. The specific proposal for advance placement was developed in the 1972-1973 school year, two years after the program's inception. The Nursing Education Curriculum Committee approved the proposal in April 1973. It was submitted to the Iowa Board of Nursing, and approved at their June meeting. The proposal was also reviewed by the Nursing Education Advisory Committee. The members recommended that an evaluation component be identified and initiated.

This progress report will serve to: 1) inform approving agencies of the progress of advance placement procedures, 2) define an on-going evaluation procedure, and 3) provide an evaluation of the program to date.

Steps for initiating the advance placement option in the Nursing Education Program have been identified as:

I. Development of the Mechanism.
II. Selection of Candidates.
III. Competency Evaluation.
IV. Planning Courses of Study.
V. Placement of Candidates in Existing Program.

Steps I through IV have been completed for the first group of advance placement candidates. Each step will be described, and recommendations for

revision based on evaluation by faculty and candidates are included.

STEP I: DEVELOPMENT OF THE MECHANISM

The Proposed Advance Placement Procedure, (see Appendix A) was followed for steps II through IV. However, each step was more fully developed. The details are included in this report.

The proposal did not specify that one instructor be assigned to administrate advance placement activities before candidates were accepted and starting date scheduled. Consequently, the coordinator, Katherine Loomis, assumed developmental and initial candidate orientation responsibilities for 1972, 1973. Responsibility for the competency evaluation and counseling of candidates was assumed by an instructor, Judy Benson, who was relieved from other teaching responsibilities for the Summer Quarter, 1973. During the Fall Quarter she acted as the advisor for the advance placement candidates and taught the Advance Placement Seminar.

A Federal Vocation Educational Exemplary Grant was received from the Iowa Department of Public Instruction in October which allowed for a full time faculty member. This will enable the advance placement option to be further developed and increase the ability of the program to provide for an organized individualized mechanism for advance placement. Judy Benson's position was funded under this grant. With Ms. Benson's resignation June 1974, Georgianna Platt was hired for the duties of Advanced Placement Instructor. Her resignation in August of 1975, allowed a faculty member to assume these responsibilities until

a replacement was obtained.

STEP II: SELECTION OF CANDIDATES

I. FIRST ADVANCED PLACEMENT CLASS 1973-1974

Acceptance of applications for advance placement was officially begun in October, 1972. Applicants were told that the plans were tentative until Iowa Board of Nursing approval was received.

Twenty applications were accepted and six were placed on the waiting list. Primarily due to lack of instructional staff, the number of applicants to be accepted was reduced to 17. An attrition of two occured, therefore, all of those initially accepted who wished to enter were accomodated.

The criteria for acceptance of applicants followed the open door "first come, first served" philosophy of the college. The applicants were seen by Lois Weihe, the counselor assigned to Health Occupation students, and/or the program coordinator to:

a) Explain the process
b) Explain the cost
c) Advise regarding related course instruction
d) Explain student responsibilities, housing and transportation.

The educational background of the candidates included:

a) 12 LPNs
b) 1 Corpsman
c) 1 Corpswave
d) 1 Candidate who had completed one quarter of a diploma program
e) 3 Medical Assistants

Of the two candidates who withdrew:

1 Corpsman transferred to the 2-3-2 program with Mount Mercy School of Nursing
1 Candidate who had completed three quarters in a diploma program. Reason unknown.

Of the 17 original applications, 12 LPNs entered the curriculum at Nursing IV. An Army Corpsman chose to challenge. The Navy Corpswave chose to start at Nursing I, as she felt she had been away from the clinical area too long.

The Army Corpsman took the Nursing I written and performance exam and it was agreed on the basis of his performance that he begin in Nursing I.

After comparing the Medical Assistants' curriculum with the nursing curriculum it was recommended that since these candidates had not had education and/or experience in direct in-patient care that they enter the curriculum at Nursing I. This decision was well accepted by the three candidates.

The first Advance Placement Class completed the Associate Degree Nursing Program in November of 1974. Eleven of the original twelve students completed the program. The twelfth student dropped from the program at the end of her first quarter due to financial and family obligations. Nine of the final eleven students took the State Board Licensure Examination in Minneapolis, Minnesota, in December of 1974. One student will take the licensure exam in California in March of 1975 and the eleventh student sat for the Iowa Board Nursing Licensure Examination in February, 1975. Of nine graduates taking the Minnesota Board exam, the results were very satisfactory with the exception of one failure in the surgical nursing portion of the five part examination. This individual will repeat the exam when it is next available.

II. SECOND ADVANCE PLACEMENT CLASS 1974-1975.

The criteria for acceptance of applicants into the advance placement program followed the open door "first come, first served" philosophy of the College.

The applicants were initially interviewed by Lois Weihe, the counselor assigned to Health Occupations students. The Advance Placement Advisor, Judith Benson, explained the evaluation process, estimated the cost of the program (see Appendix B), advised the candidates regarding related course instruction, and explained the attendance policy, housing and transportation to the prospective candidates.

Twenty applicants were originally accepted. There was an attrition of four. Two of these four students were replaced from the waiting list. Due to a lack of instructional staff, the number of applicants processed was eighteen.

The educational background of the applicants included:

A. Seventeen LPN's
B. One candidate who completed 2½ years of a four-year baccalaureate program.

Of eighteen, sixteen applicants completed the competency evaluation process. One LPN dropped out due to financial reasons; the student who was formerly enrolled in the baccalaureate program did not finish due to family and work obligations.

The remaining sixteen students were given the clinical competency evaluations during the Spring Quarter, 1974.

Fifteen students registered for Nursing V in September, 1974, Fall Quarter. One student did not register, nor did she respond to letters

of inquiry as to why she was dropping from the program.

Of the fifteen students in Nursing V, one student withdrew from the program to attend a local four-year program. One student withdrew for reasons of ill health and one withdrew due to family obligations. Twelve advance placement students were enrolled in Nursing VI.

III. THIRD ADVANCE PLACEMENT CLASS 1975-1976.

The third Advance Placement Class has been processed. Twenty-one applicants were accepted in accordance with the open door policy of the Nursing Education Department. There are also twenty applicants on the waiting list.

The Advance Placement Advisor met with these twenty-one students in early December to discuss:

A. Evaluation process
B. Estimated cost of program
C. Independent instruction curriculum
D. Change in starting date from September 1975 to June 1975, earlier in the academic calendar
E. Related course instruction
F. Transportation

The education background of these students included:

A. Seventeen LPN's
B. One Corpsman with LPN license
C. One medical assistant
D. One X-ray technician

On reviewing the X-ray technician's record, it was found an error had

been made in the processing of her application. She has subsequently been placed in the acceptance list for ADN Program, March, 1975. On reviewing the medical assistant's transcripts, employer recommendation and evaluation, and summary of direct patient work experience, it was decided to have this student challenge Nursing I and enter the program at Nursing II level. These students have entered in June and November of 1975.

STEP III: COMPETENCY EVALUATION

I. CLASS 1973 Licensed Practical Nurse Candidates Performance Evaluation

The cognitive abilities of the candidates were evaluated by giving written examinations. These were designed to identify the candidate's strengths and weaknesses in relation to the Nursing I, II, and III course objectives taught the previous year. In other words, they were viewed as diagnostic and prescriptive tools rather than determining the point at which the candidate should enter the curriculum. The faculty recommended that if a candidate demonstrated extremely low competency in either written or performance evaluation, that counseling toward entry at a lower level would be done. However, these 12 candidates were judged to be competent enough to enter at the fourth quarter level.

Each candidate obtained the course syllabi for Nursing I, II, and III and Metrology from the nursing department at least two weeks prior to taking the written challenge exams. Each nursing challenge exam consisted of 100 test items taken from the respective unit and final examinations given in the Associate Degree Program. The exams were

given in order and at least one week intervals. The Metrology exam consisted of 15 items which were taken from that course's unit and final exams.

Test items were chosen on the basis of:

a) Appropriateness to the respective course objectives
b) Validity as determined by item analysis done the previous year
c) Recommendations from at least two additional faculty members and a practicing LPN.

The nursing course test results were individually evaluated as to content areas. Strengths and weaknesses of content areas were identified for each candidate. Guidance was provided for the areas of weakness; specific readings, study guides, etc.

The areas of weakness identified were somewhat consistant across candidates.

Nursing I

Legalities.
Communications.
Subjective observations.

Nursing II

Sources of information and legalities related to drugs.
General anesthetics.
Inflammatory process.

Nursing III

Care of patients with liver disorders
Care of the patient in renal failure.

Nursing I, II and III test results can be seen in Appendix B, Figure 1, 2, and 3.

The Metrology exam consisted of 15 items taken from the final exams of that self-paced course taught in the first quarter of the Associate Degree Program. The scores can be seen in Appendix B, Figure 4.

II. CLASS 1974-1975.

The nursing courses challenge exam results were individually evaluated as to content area. Strengths and weaknesses of content area were identified for each candidate. Guidance and recommendations were provided for in the areas of weakness, i.e., specific readings, study guides, auditing lectures, etc.

The areas of weakness were recognized as:

Nursing I :
- Subjective/objective observations
- Problem solving

Nursing II :
- General information related to drugs, including side effects and nursing implications
- Pathophysiology

Nursing III :
- Fetal development
- Growth and development of newborn, infant, and pre-school child
- Stages of labor

Nursing I, II, and III test results can be seen in Appendix C.

The Metrology exam consisted of 15 items taken from the final exam of the Metrology course. The scores can be seen in Appendix C.

I: 1973-1974 CLINICAL PERFORMANCE EVALUATION

The clinical performance evaluation was carried out at Veteran's Hospital. The clinical evaluation consisted of a two-day, four-hour experience. A short orientation to the ward was given which included

the location of equipment, patient units, and charting procedures.

Each candidate received a clinical performance evaluation packet one to two weeks prior to the clinical experience. (See Appendix D.) A brief description of what they would be expected to do was given and the evaluation forms were explained. The nursing care plan was explained and a hypothetical patient problem was identified and worked out on a chalk board with basis of problem, nursing intervention, rationale and evaluation included.

The patients selected had medical disorders similar to those assigned to Nursing II students. Evaluation was directed at the candidate's ability to carry out basic nursing care, i.e., bath, oral hygiene, body mechanics, range of motion, catheter care. Another criteria for patient selection was based on a desire to evaluate the candiate's understanding of sterile technique. Further, each candidate also was evaluated on ability to pass medications and their understanding of the medications.

Each candidate was expected to utilize the patient's Kardex and chart in planning and carrying out patient care. The candidate's ability to chart pertinent observations in an accurate, concise and knowledgeable manner was also included in the evaluation process.

Time was spent on the first day discussing the student's working care plan. A formal nursing care plan was expected on the second day of the performance evaluation utilizing the form from Nursing III. It was expected that the candidates would be able to identify all major patient

problems verbally, Only four were required for the written care plan.

With the exception of one, all candidate demonstrated a high level of motivation, interest, and responsibility. The candidates provided appropriate and well organized care. They carried out a self-evaluation process and sought ways to improve their clinical performance.

On the basis of the first implimentation of the Advance Placement Option for Licensed Practical Nurses, the following recommendations evolved.

a) The diagnostic and prescriptive phase should be done prior to Summer Quarter.
b) Candidates should obtain text books appropriate to Nursing V before taking performance examinations.
c) Provide a written outline of activities and an explanation of the objectives of each activity prior to involvement in the evaluation procedure.

Clinical Performance

a) Develop more general clinical criterion, condition rather than disease centered. For example, post operative care.
b) Develop performance exams which can be given in the nursing lab prior to clinical performance assignments. For example, application of a sterile dressing. This would allow more flexibility in selection of patients.
c) Plan to have all candidates fill out clinical evaluation check lists for Nursing I, II, and III, prior to the clinical performance evaluation.
d) Make the first day experience five hours to allow one hour orientation.

II. 1974-1975 CLINICAL PERFORMANCE EVALUATION

The clinical performance evaluation was carred out at Veteran's Hospital, 5 West, an orthopaedic and general surgery unit. The clinical experience consisted of a two-day, four-hour experience. A short orientation to the ward was given which included the location of equipment, patient

units, and charting procedures.

Each student received a clinical performance handout two weeks prior to the clinical experience. (See Appendix E). A brief description of performance expectations was given and the evaluation forms were explained. The nursing care plan was explained and a hypothetical patient problem was identified and planned on the chalkboard. The patients selected for the clinical evaluation had disorders similar to those assigned Nursing II students. Evaluation was directed at the student's ability to carry out basic nursing care, i.e., bath, oral hygiene, body mechanics, range of motion, and catheter care.

Each student was also evaluated on ability to pass medications and their understanding of these medications.

Each student was expected to utilize the patient's kardex and accurately chart observations and nursing interventions.

On the first day, time was spent discussing the student's working care plan. A formal nursing care plan was expected the second day of the performance evaluation utilizing the form from Nursing II (see Appendix F).

It was expected the candidates would be able to identify all major patient problems verbally. Four of these patient problems were required for the written care plan.

All candidates demonstrated a high level of motivation, interest, and responsibility. The students gave responsible, dependable and well organized nursing care.

Each student filled out a self evaluation form, identifying two strengths and one weakness in the areas of:

A. Organization
B. Safety
C. Theory
D. Evaluation
E. Communication

(See Appendix G)

At the end of the advance placement evaluation procedure, a ten item questionnaire was sent to the candidates. Twelve questionnaires were returned.

In summarizing the questionnaire results, most found the procedure well defined. Half found the challenge tests clearly stated: half found questions adequately stated. All respondents found the written challenge questions a fair representation of past learning and experiences. Most found the expectations for the performance evaluations were adequately stated. All respondents found the expectation for the performance evaluation were appropriate. Most students felt sure of their ability to become a registered nurse practitioner as a result of the performance evaluation. Two of the respondents used the syllabi as a study guide: six looked at it briefly; four did not obtain it. Five felt the two week interval between tests was beneficial: five stated it was not: two did not respond. Six respondents recommended keeping the two week interval between tests: five requested taking all tests in one day: one suggested taking the exams one day apart.

Some recommendations made by the previous Advance Placement Advisor (Judith Benson) include:

1) Inform students where appropriate texts, which cover each syllabi, may be purchased. Order from bookstore if necessary:

2) The evaluation process be started in late winter, early spring

quarter to fill attrition with students on the waiting list: and

3) Combine the two, four-hour clinical performance days into one 7-8 hour day.

The third Advance Placement class has been evaluated and processed. The first challenge exam has been given. The clinical performance evaluation was scheduled for March at the Veteran's Hospital.

STEP IV

I. 1973-1974 PLANNING COURSES OF STUDY

This area has proved most frustrating for both the students and advisor. Each of the students entered the program with different needs as far as completing the necessary course requirements. One of the students had completed all of the related course work, while the majority had completed one or two of the required related courses.

At the first orientation session the number of hours required for graduation, sequence of courses and the related course work were discussed with the students. They were given a Credit Evaluation form to assist them in planning their course of study (see Appendix H). It was suggested that the number of hours to be taken per quarter be limited to 20.

The greatest scheduling problems have arisen with the related course work in the science area - particularly Integrated Science I and II (Chemistry and Microbiology) and Anatomy and Physiology II. The major difficulty has been with the limited times these courses are offered during

the year. There seems to be more flexibility with the frequency that the other related couses are offered throughout the school year and thus there is less difficulty in fitting these courses in. After this year, Chemistry will not be a required related course.

Another area of difficulty for the students has been the completion of their individual credit evaluation. This involved the students initiating a Credit Evaluation form in the Registrar's Office and which allows credit to be received for appropriate related course work taken at another college or university and also for the LPN training. After completion of the credit evaluation, these courses appear on their permanent transcript.

The following recommendations have been made for changes for the coming year:

a) All students be counselled to take 8 to 12 hours of related course work primarily Microbiology and Anatomy and Physiology II before entering the program.
b) Credit Evaluation process should be completed prior to starting the program.

Following counselling and performance evaluation of all LPN candidates, a questionnaire was given to the candidates. This questionnaire was designed to assist the faculty advisor evaluate Steps II, III and IV. The questionnaire and responses can be seen in Appendix I.

II. 1974-1975 PLANNING COURSE OF STUDY

Prospective students were encouraged to begin meeting the related course work requirements before entering the actual nursing program. This would eliminate the necessisty of taking as many as 20 to 21 credit hours per quarter.

At the first orientation meeting, the number of hours required for graduation, sequence of courses and related course work were discussed with the students. They were informed of the need to file for a Credit Evaluation to assist them in planning their course of study.

Difficulty still remains with scheduling courses in the science area. Modular Anatomy and Physiology and Micro-Biology are offered on a limited basis during the year. Students were encouraged to enroll in these courses prior to entering the nursing program.

It was decided to have the students who have not met the science area course requirements take Modular Anatomy and Physiology in their first quarter in the nursing program (when the ADN students ordinarily take this course). Since Micro-Biology is offered in the Spring Quarter of 1975, the advance placement students would take this course in the Spring Quarter while taking Nursing VII.

Individual credit evaluations were completed prior to the student's first quarter enrolled in the nursing program. This facilitated a better planning and scheduling of related course work.

STEP V

I. 1973-1974 PLACEMENT OF CANDIDATES

In order to facilitate entry into the existing programs, a seminar was planned which covered a variety of topics. The areas identified were

areas found to be general weaknesses from the testing and counselling procedures. The seminar met one hour weekly during Fall Quarter.

The students found the seminar helpful in both content areas presented and in forming a group identity. In addition to the scheduled topics, time was devoted to answering questions concerning problems with credit evaluations, scheduling of courses, and times state board would be offered.

The candidates were divided into groups of three and assigned to clinic groups with six regular students. This was beneficial to the advanced placement students in that it allowed them to form new friendships. It was also found to be very beneficial to the regular students because they were able to draw on the advance placement student's past experiences. The candidates were very willing to assist their classmates in learning new procedures with which they were familiar. It was also found that the advance placement students helped the other students see some of the realities of nursing.

One of the difficulties the advance placement candidates experienced was the ability to recognize and rank priority problems of their patients. The students also had some difficulty in formulating a written plan of care and sharing this plan by adding to the patient's kardex.

However, the clinical instructors and the advance placement advisor worked together to provide individual assistance and guidance and the

candidates showed marked improvement in these areas. It is anticipated that the candidates will need particular individual assistance in developing the leadership skills taught in Team Nursing Concepts, Nursing VIII. Since they have functioned in the more dependent role of the LPN for a time, they may have more difficulty in assuming a leadership role as they will have to "unlearn" some behaviors. This supposition is supported only by the impression of the clinical instructors and will be carefully assessed in Nursing VIII.

One candidate withdrew in December because of personal reasons. In talking with her, she stated that between financial, personal and school committments she was unable to keep up and moved back to Waterloo. She hopes to enter a diploma program there with advance standing.

Despite the fact that the candidates were in a new situation and carried a fairly heavy course load, their academic achievement in Nursing V, Fall Quarter, was above a C average.

The first two Advance Placement classes entered the ADN program at the Nursing V level in the Fall Quarter. When they finished four consecutive quarters of the nursing program, finishing with Nursing VIII, it was necessary to schedule a special section of Nursing IV course in a quarter when this course is not ordinarily taught. The students would finish the required nursing courses in November and sit for the State Board Licensure Exam.

This scheduling of the students' course of study necessitated the

need for two additional instructors and the use of clinical facilities for the special course in Psychiatric Nursing, Nursing IV.

It was decided to have each Advance Placement class, starting with this third class, enter the Summer Quarter or Winter Quarter when Nursing IV is usally offered (see Appendix J).

In order to facilitate entry into the existing program, a seminar is held with the advance placement students to discuss areas of general weakness as identified in the competency evaluation procedure (see Appendix K.)

Students found the seminar helpful in 1) content area presented and 2) forming group identity. In addition to schedule topics, time was devoted to answering questions concerning problems with credit evaluations, scheduling of courses, and individual problems encountered in the clinical units.

The advance placement students were enrolled, scheduled, and interspersed with the Nursing V ADN students. This was beneficial to the advance placement students in that it allowed them to form new friendships. It was also found to be very beneficial to the regular students for they learned from sharing advance placement students' past experiences. The advance placement students are very willing to assist their classmates in learning new procedures with which they were familiar. It was also found that advance placement students helped other students see some of the realities of nursing practice. The Advanced Placement course continues to be offered as an integrating seminar each summer and winter quarter for new advanced placement students.

It was anticipated the advance placement students would have some difficulty in Nursing VIII. This couse covers the concept of Team Leading. Since the LPN's functioned in the more dependent role, it was felt they may have more difficulty in assuming a leadership role as they would have to "unlearn" some behaviors. This proved to be unfounded, as the advance placement students who have completed the program had no undue problems with this area of the Nursing VIII course.

RECOMMENDATIONS FOR ADVANCE PLACEMENT

It is recommended that the advance placement process be a continuing one throughout the academic year at Kirkwood Community College. Nursing IV is offered two times a year. Advanced placement students could be processed two times per year and enroll in Nursing IV. It is felt it would be more advantageous to phase in ten advance placement students when each Nursing IV course is offered. Therefore, a special section of this course would not be necessitated. The advance placement students would progress through the regular program and graduate with regular classes two times per year to total 20 enrollees. By phasing in advance placement students in the Winter Quarter, when Nursing IV is offered, the regular program attrition rate could be balanced with advance placement students.

A questionnaire was sent to the first advance placement students on their completion of the program in November. Eleven questionnaires were sent out and five were returned (see Appendix L). Student recommendations are briefly tabulated in Appendix M. Currently a survey is being devised to send to employers of these students for an analysis of employee performance. Continued follow up of graudates will be done

in correlation with generic program graduates.

Of all the advance placement students who have withdrawn from the program after formally enrolling, none have left for academic reasons.

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Appendix A

KIRKWOOD COMMUNITY COLLEGE
Nursing Education

Advance Placement Procedure

1. Eligibility

Individuals who have had previous relevant education and experience in health care may be admitted with Advance Placement status to Nursing Education at Kirkwood Community College upon completion and passing of challenge exams. The purpose of Advance Placement is to provide recognition to students with past education and/or experience and enable them to obtain the education necessary to write the State Board Practical or Registered Nurse Examination.

Eligibility for advance placement in the Associate Degree Program will be limited to:

a) Those who have attended but have not completed a course of study in a nursing school.
b) Licensed Practical Nurses
c) Corpman and Medics
d) Certified Medical Assistants

2. Admissions Policies and Procedures

Admission policies and procedures for advance placement will reflect the established policies and procedures for Kirkwood Community College. All applicants will be required to:

a) Complete an admission application
b) Submit a $15.00 application fee
c) Have a physical examination
d) Submit a high school transcript or GED test result or Equivalency Certificate
e) Submit transcripts of all previous post-high school education
f) Interview with the coordinator and/or counselor assigned to Nursing Education students.

3. Procedure for Advance Placement

Nursing Courses

The candidate for advance placement may challenge a Nursing Course, I, II, III, in that order.

3. (Continued)

Challenging a nursing course will include:

a) Obtain and review Nursing Course syllabus at least two weeks prior to testing.

b) Write challenge exam. If the student scores 70% or higher, she will be eligible to take the next sequenced written challenge exam.

c) Performance Evaluation:
All students will be evaluated in a four hour assignment in the clinical setting, using behavioral objectives specific to the course level the student successfully challenged by written exam.

4. Advance Placement for LPN's

a) The LPN who seeks advance placement will be automatically placed in Nursing IV or Nursing V. If placed in Nursing V, Nursing IV will be taken following Nursing VIII.

b) For diagnostic purposes, the candidate will be given the written challenge exams for Nursing I, II, and III. This will enable the student with the assistance of a faculty member, the opportunity to identify content strengths and weaknesses.

c) A diagnostic performance examination will be given in order to evaluate Organization, Implementation, Interaction, and Evaluation components of nursing skill.

d) If in Nursing V, the candidate demonstrates early her ability to perform clinical objectives in Nursing V, it would be possible for the student to advance place to Nursing VI.

5. Advance Placement for Candidates other than LPN's.

a) Challenge examinations for Nursing I, II, and III may be taken and in that sequence.

b) A performance challenge examination will be given at the level where student has successfully written the examination. The examination will be based on the behavioral objectives specific to that nursing course.

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Prerequisites to Nursing Courses

Nursing I	H.S. graduation or GED certificate Admission to College
Nursing II	Nursing I Metrology
Nursing III	Nursing I, and II
Nursing IV (Psychiatric Nursing)	Nursing I, II, III General psychology Growth and Development
Nursing V	Nursing I, II, III
Nursing VI	Nursing I, II, III, V
Nursing VII	Nursing I, II, III, V, VI
Nursing VIII	Nursing I, II, III, V, VI, VII

Related Course Work

Candidates may petition to have transfer recognized.

Candiaates transcripts from other post high school institution will be individually evaluated.

Credit will be accepted for courses which meet the required course at Kirkwood as determined by the coordinator and faculty. The equivalency will be shown in and become a permanent part of the student's folder.

Students may challenge Arts and Science course through CLEP Examinations as provided by the college.

The student's course of study will be determined by the coordinator using forms 1 - 2 - 3.

Placement on the basis of challenge exams, accepted transfer credits, and CLEP examinations will be used.

The students will pay a fee of five dollars for each written challenge examination and $10.00 for the performance evaluation.

Appendix B

Estimated Costs for Advanced Placement - LPN Option
1974 - 1975

Quarter	FALL	WINTER	SPRING	SUMMER	FALL	TOTAL
Starting Dates	September	November	March	June	September	
A. College Fees						
1. Application Fee	15.00					15.00
2. Written/Clinical Diagnostic	30.00					30.00
3. Tuition	135.00	135.00	135.00	135.00	135.00	675.00
4. Student fees/ I.D. Parking, Activity	10.00	10.00	10.00	10.00	10.00	50.00
5. X-Ray	5.00					5.00
6. Health/Dental Exam	30.00					30.00
B. Program Fees						
1. Required textbook/ Wookbook	60.00	30.00	30.00	25.00	30.00	175.00
C. Laboratory/Course Fees						
1. Nursing & Science	20.00	15.00				35.00
2. Field trips	5.00					5.00
3. Uniforms & Patches	60.00					60.00
4. Bookstore supplies and materials	2.00	2.00	2.00	2.00	2.00	10.00
D. Graduation Fees						
1. State Board Application					20.00	20.00
2. School Pin					16.00	16.00
3. Motel Travel Expense Minneapolis/Chicago					60.00	60.00
TOTAL ESTIMATED COST						1,186.00

c/b-4/74

Appendix C
Figure 1

KIRKWOOD COMMUNITY COLLEGE

Nursing Education

Nursing I Challenge Exam Distribution
July 197

Number of Students: 12
Total Number of Points: 100
Median: 73
Range: 83-61

100		78	1
99		77	
98		76	
97		75	
96		74	
95		73	2 Median
94		72	1
93		71	1
92		70	
91		69	1
90	90%	68	
89		67	
88		66	
87		65	1
86		64	1
85		63	
84		62	
83	1	61	1
82		60	
81	1		
80			
79	1		

Appendix C
Figure 1

KIRKWOOD COMMUNITY COLLEGE

ADVANCED PLACEMENT 1974
Nursing I Challenge

Advanced Placement Students
Number of Students: 16
Total Number of Questions: 100
Median: 78

100		
99		
98		
97		
96		
95		
94		
93		
92		
91		
90		
89	1	
88		
87		
86		
85		
84		
83		
82	11	
81	1	
80	11	
79	11	
78	1	Median
77	11	
76	1	
75		
74	1	
73		
72	111	
71		
70		

6-13-74 kr

Appendix C
Figure b

Kirkwood Community College

Advanced Placement 1974
Nursing II Challenge

Advanced Placement Students

Number of Students: 16
Total Number of Questions: 100
Median: 76

100	
99	
98	
97	
96	
95	
94	
93	
92	
91	
90	
89	
88	
87	
86	
85	1
84	11
83	
82	
81	
80	1
79	1
78	
77	
76	1111 Median
75	
74	11
73	
72	
71	1
70	
69	
68	1
67	1
66	1
65	1
64	
63	
62	
61	
60	

Figure a

[illegible] COLLEGE
Nursing Department

Nursing II Challenge Exam Distribution
Summer 1974

Total number of Students: 12
Range of Scores: 77-59
Median: [illegible]

100	77	
99	76	
98	75	1
97	74	
96	73	1
95	72	1
94	71	1
93	70	1
92	69	
91	68	1 Median
90	67	1
89	66	
88	65	
87	64	
86	63	1
85	62	
84	61	2
83	60	
82	59	1
81	58	
80	57	
79	[illegible]	
78	[illegible]	

Figure a
Nursing III Challenge Exam Distribution
Number of Students-12
Total Points-100
Median-61
Range 7[illegible]-48

100		
	62	
	61	2 Median
	60	60%
	59	1
90	58	
	57	
	56	
	55	
	54	
80 80%	53	
79	52	
78	51	1
77	50	1 50%
[illegible]	49	1
[illegible] 1	48	1
74	[illegible]7	
[illegible]	46	
[illegible]	45	
[illegible]	44	
70 70%	43	
[illegible]	42	
68	[illegible]1	
67		
[illegible] 1		
[illegible]		
[illegible]		
[illegible]		

Appendix C
Figure b

Kirkwood Community College

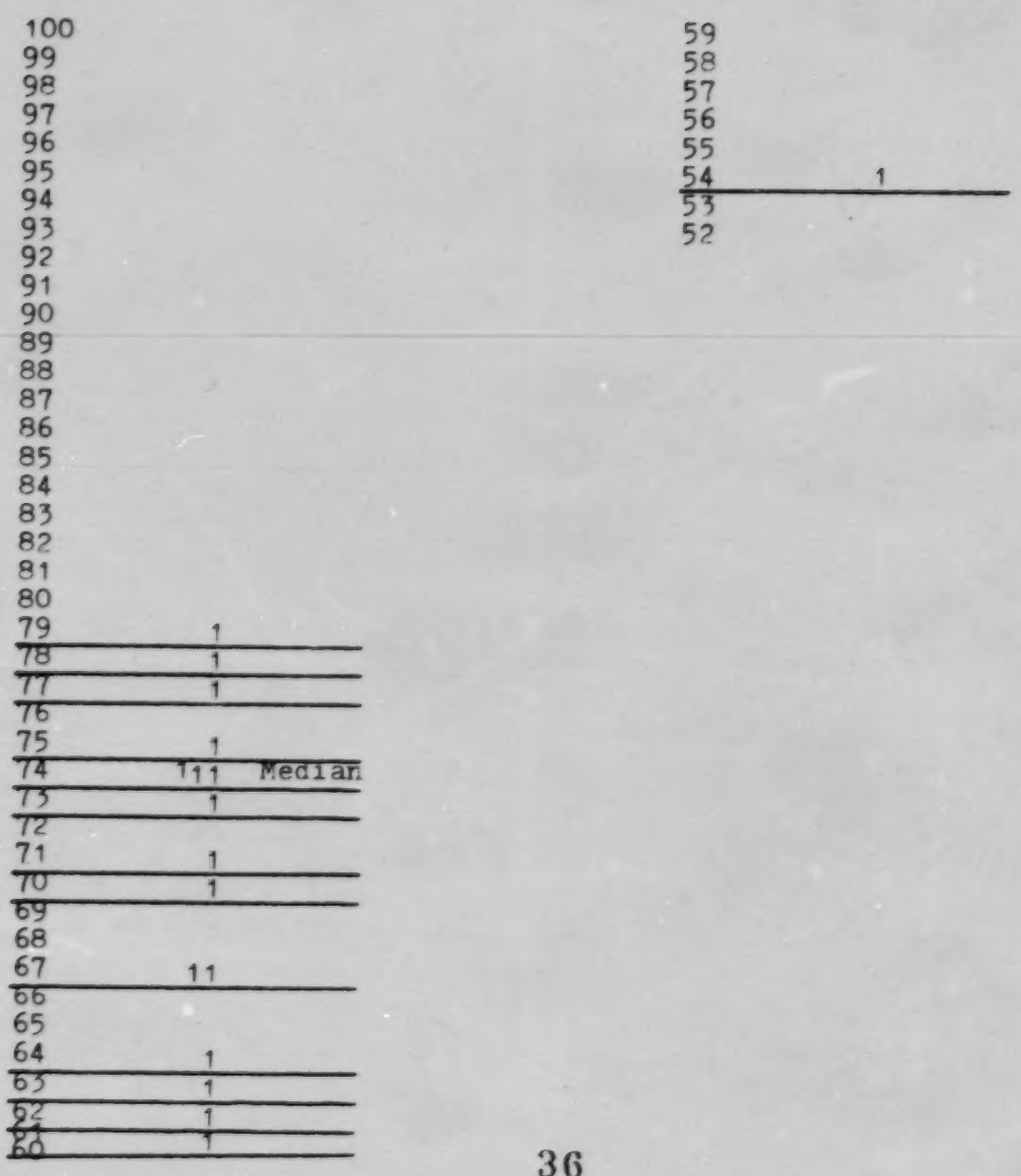
Advanced Placement 1974
Nursing III Challenge

Advanced Placement Students

Number of Students: 16

Total number of Questions: 99

Median: 74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Median
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1

Figure c

KIRKWOOD COMMUNITY COLLEGE
Nursing Education

Metrology Challenge Exam
Summer 1973

Number of Students: 12
Total points: 15

15		
14		
13		
12		
11	2	
10	1	
9		
8	1	
7	1	Median
6	1	
5	2	
4	2	
3	1	
2		
1		

4c

Appendix C
Figure 4

KIRKWOOD COMMUNITY COLLEGE
ADVANCED PLACEMENT 1974

Metrology Challenge Exam

Advanced Placement Students
Number of Students: 16
Total Number of Questions: 15
Median: 8

15		
14		
13		
12		
11	1	
10	1111	
9		
8	~~1111~~ 11	Median
7	1	
6	1	
5	1	
4	1	
3		
2		
1		

6-13-74 kr

Appendix D

SPECIAL NOTE TO ALL ADVANCE PLACEMENT STUDENTS:

All this information may seem a bit overwhelming at first - please read over at your leisure. Remember, these clinical performance tests are not "tests" in the real sense of the word - rather they are to help both of us determine your areas of strength and your areas of weakness. I know you will be put in a new clinical area and won't be familiar with the area or the hospital routines. I will help you in these areas.

Please plan to stay until 12:30 p.m. on both days so that I can go over the Nursing I, II, and III tests with each of you individually.

As far as uniform, just wear your usual working attire. (Cap, name tag, etc.)

dc/7/30/73

KIRKWOOD COMMUNITY COLLEGE
Nursing Education
Advance Placement
Summer 1973
Clinical Performance Evaluation

I. Evaluation of clinical performance will be based on:

A. Ability to organize the care to be given to one patient

B. Ability to carry out the care in a safe, intelligent and efficient manner

C. Shows an understanding of the underlying disease pathology and/or psychosocial aspects of patient care through:

1. Ability to establish patient priorities

2. Ability to formulate a working care plan (ie. identify pertinent patient problems and formulate nursing interventions)

3. Ability to chart in a accurate, concise and legible manner

D. Indicate an understanding of the medical plan (ie. medications, fluids, diet, etc.) through verbal discussion with the instructor, patient instruction and interpretation

E. Ability to identify any long-range problems and possible solutions (ie. Public Health referrals, Nursing Home referrals)

F. Able to carry out effective nurse-patient/nurse-family communication

G. Shows ability to evaluate quality of own performance

JB/lh

PAGE 40 CONTAINING THE NAMES OF THE STUDENTS EVALUATED IN THE PROGRAM WAS REMOVED FROM THIS DOCUMENT PRIOR TO ITS BEING SUBMITTED TO THE ERIC DOCUMENT REPRODUCTION SERVICE.

List of medications frequently given on 4W:

Quinidine
Digitoxin
Lasix
Hydrodiuril
Aldomet
Ferrous Sulfate
Keflin
Gantanol
Tetracycline
Colase
Macrodantin
TACE
Banthine
Prednisone
Digoxin
Proneystl
Divril
Aldactone
Multivits
Keflex
Gantrisin
Ampicillin
Lincocin
Dulcolax
Diethylstilbesterol
Garamycin
Belladonna & Opium Supp.

Cancer Chemotherapeutic Agents:

5 fu
Vincristin
Vinblastin
Methotrexate
Thio-TEPA

Equipment to review:

Intermittent catheter irrigation
Continuous catheter irrigation (using 3 way catheter set)
Suctioning technique

7/73
JB/lh

Medications

For each patient, the student will exhibit a good understanding of patient's medication and will administer in safe, knowledgeable manner utilizing the 5 Rights.

_____ Will know the following about each medication the patient is receiving

_____ Class

_____ Action

_____ Expected effects

_____ Usual dosage

_____ Side and toxic effects, contraindications

_____ Nursing implications

_____ Will know and understand rationale for patient receiving specific medication

_____ Will relate medication, dosage, etc. to appropriate lab results (ie. protine - Heparin)

Given a patient who has a diagnosis of diabetes mellitus, the student will be able to care for that patient in a safe and knowledgeable manner. The student will be able to identify teaching needs for the particular patient and will consider the effect this chronic disorder has on the patient and his family, job, etc.

COMMENTS

_____ Knows the early signs and symptoms of diabetes

_____ Knows the late signs and symptoms of diabetes

_____ Can relate signs and symptoms to the underlying pathology of the disease process

_____ Compares these signs and symptoms with those exhibited by the patient

_____ Exhibits an understanding of the hereditary aspects of diabetes

_____ Relates this to the particular patient

_____ Can identify the normal ranges and purposes of each of the following:

a. Glucose tolerance test

b. Fasting blood sugar

c. Clinitest

d. Acetest

_____ Determines the patient's level of understanding concerning the medical plan of care

_____ Understanding of need for medication

_____ Understanding of need for diet restrictions

_____ Understanding of need for regular exercise

_____ Understanding of need for urine testing

_____ Understands the effects, peak action and duration of the various types of insulin and oral hypoglycemic agents

_____ Regular

_____ Lente

_____ NPH

_____ Protanime Zinc

_____ Orinase

_____ Tolinase

_____ DBI

_____ Able to instruct patient in proper insulin injection

_____ Care of syringe and needle

_____ Storage of syringe and needle

_____ Storage of insulin

_____ Rotation of sites

_____ Identifies signs and symptoms of hypoglycemic reactions

_____ Knows possible causes

_____ Discusses with patient signs and symptoms he has exhibited

_____ Notes these on Kardex if anything unusual (ie. times likely to occur, any warning signs)

_____ Instructs patient in precautions that should be taken (ie. carry candy, diabetes identification care etc.)

_____ Observes for possible hypoglycemic reactions while caring for patient

_____ Initiates appropriate nursing actions if a hypoglycemic reaction occurs

_____ Administration of diabetic replacement

_____ Administration of candy

_____ Administration of Orange Juice with 1 - 2 packs sugar

_____ If more severe--prepare IV Dextrose for administration

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_____ Equipment for urine collection

_____ Assist with drawing blood

_____ Documents incident completely in patient's chart

_____ Determines patient's normal eating pattern and evaluates how well following diet (ie. check tray after meals)

_____ Determines patient's degree of understanding about diet and if appropriate plan sample menu

_____ Able to identify signs and symptoms of impending Diabetic coma--able to identify possible causes--what appropriate treatment would be

_____ Insulin

_____ IV fluids

_____ Foley catheter

_____ Gastric lavage

_____ EKG

_____ Emergency equipment close by

_____ Assist with blood sample

_____ Determines ability of patient to test own urine and level of of understanding concerning readings

_____ Knows common complications that occur with Diabetes (vascular changes, eyes, peripheral) and instructs patient in positive manner concerning prevention of complications

a. footcare--cutting nails

b. Increase susceptibility to infection

_____ Stresses importance of follow-up care to patients

_____ Determines patient's level of acceptance and understanding of diabetes as chronic disease

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_____ Recognize patient's role in family and discusses adjustments that he must/has made in daily living

			COMMENTS
Given a patient who requires pre-operative instruction, the student will be able to carry out pre-operative instruction	_____	Determines the patient's level of understanding	
	_____	Determines the patient's readiness to learn (ie. Patient's fears)	
	_____	Determines what is to be included in the patient instruction (ie. procedure involved, nursing care afterwards)	
	_____	Determines what teaching has been done-----what patient has been retained	
	_____	Plans the method for carrying out the instruction dependent upon patients' needs and level of understanding	
	_____	Evaluates the patients' learning (ie. through return demonstration)	
		Specific aspects to include in Pre-operative instruction:	
	_____	Explains to the patient the purpose and method of pre-operative shower	
	_____	Explains any special preps (ie. bowel)	
	_____	Explains the surgical skin prep	
	_____	Informs the patient about the NPO policy	
	_____	Explains in a tackful way, without introducing additional fears, the rational for NPO and need to IV fluids in OR (if appropriate)	
	_____	Explains about pre-operative sedation----side rails	
	_____	Emptying of bladder prior to medication (unless has catheter)	
	_____	Explains need for removal of rings--watches--false teeth	
	_____	Explains and describes the recovery room (if appropriate)	
	_____	Reassures the patient that there will be close surveilance of him post-operatively per routine (ie. frequency of v.s.)	

_____ Instructs patient concerning need and method of turning from side to side----deep breathing----coughing

_____ Instructs the patient in PROM and AROM exercises

_____ Plans and institutes instruction in such a manner that the patient is reassured rather than fearful

_____ Explains in a positive manner the importance of the above statements

_____ Communicates feeling of understanding to the family about their concerns for the patient----informs family of waiting rooms (if appropriate)

_____ Inquires about further questions the patient may have

_____ Inquires about further questions the family may have (if appropriate)

Given a patient who has undergone a Nephrectomy, the student will care for patient in safe and knowledgeable manner.

BEST COPY AVAILABLE

_____ Know pertinent facts concerning patient and surgery prior to seeing him (ie. diagnosis, fluids, vitals, dressings, etc.)

_____ Organize plan of care taking into consideration priorities of patient needs

_____ Will make nursing assessment when first enters room

- _____ Comfort
- _____ Pain
- _____ Dressings
- _____ IV rate
- _____ Catheter patency (if present)

_____ Will evaluate patients level of pain taking into consideration the following:

- _____ Autonomic signs
- _____ Skeletal signs
- _____ Psychic signs

_____ Will initiate action to reduce/alleviate the patients pain:

- _____ Determine stability of vital signs
- _____ Determine time last had medication
- _____ Change position, back rub
- _____ Alleviate any stressors (ie. excessive noise, reduce anxiety if possible)

_____ Will administer pain medication carrying out 5 Rights

_____ Will evaluate the effectiveness of medication and chart

_____ Maintain adequate respiratory function

- _____ T.C.D.B. every 2 hours or oftener

COMMENTS

_____ Utilize blow glove, rebreather etc.

_____ IPPB if ordered

_____ Evaluate effectiveness through patients temperature and other signs and symptoms of congestion

_____ Observes nephrectomy dressing with each vital sign or every 2 hours for abnormal drainage

_____ Knows number and approximate position of drains

_____ Reinforces dressing prn

_____ Able to detect abnormal drainage

_____ Able to institute appropriate action if excessive drainage is noted

_____ Monitor V.S. and chart

_____ Notify TI. and/or M.D.

_____ Knows signs and symptoms of shock

_____ Maintains adequate fluid balance

_____ Maintains IV fluids on time

_____ If p.o. encourages fluids

_____ Observes urinary output (ie. amount, color, consistency)

_____ Able to distinguish between normality/abnormality of return of GI function

_____ Listens for bowel sounds

_____ Notes passage of gas in nursing notes

_____ Able to detect if abdomen increases in size and firmness

_____ Reports any abnormalities to TI.

BEST COPY AVAILABLE

_____ Charts any abnormalities in nurses's notes

_____ Recognizes possible vascular post-operative complications that can occur

_____ Applies TED stockings

_____ Starts PROM exercises

_____ Encourages AROM exercises

_____ Flexion/extension of toes

_____ Ankle circles

_____ Leg raises

_____ Encourages frequent ambulation as soon as ordered

_____ Discourages sitting with legs dependent

_____ Able to instruct patient in post-hospital care

_____ Continuous need to force fluids

_____ No heavy lifting up to 1 year

Given a post-operative patient who has undergone a TURP, the student will be able to succesefully

		COMMENTS
_____	Complete post-operative bed if not done	
_____	Prepare room for return post-operative patient (ie. BP equipment, temperature emesis basin, kleenex etc.)	
_____	Assist in transfer of patient from cart to bed	
_____	Receive report from RR nurse	
_____	Note patient's condition. Take BP, pulse respiratory rate and temperature	
_____	Immediate post-operative charting should include:	
_____	a. Time of patient's return and safety measures instigated (ie. side rail up, bed lowered, call-bell)	
_____	b. Temperature, BP, Pulse, Respiratory rate	
_____	c. Level of consciousness of patient (quiet, restless)	
_____	d. If spinal - ability to move legs, feet, etc.	
_____	e. Color and condition of skin: cool or warm, dry/ moist hematomas etc.	
_____	f. Condition of dressings, tubes, catheters and how attached, drains and amount of drainage and color of drainage	
_____	g. Type of IV infusion and how well infusing (gtts/min) Pain--location, severity and nursing intervention	
_____	h. Any medications given (and effectiveness)	
_____	i. Anything unusual	
_____	Keep patient comfortable and warm (ie. turning, mouth care)	
_____	Regulate IV fluids/order	

Post-operative TURP/TURBT

_____ Take BP.P.R Per order or more frequent if occasion warranted

_____ Observe for signs and symptoms of shock (neurogenic, septic) etc. this or decreased BP, Increased P, increased temperature (septic)

_____ Maintain patency of catheter by:

1. Keeping IV infusion on time or if p.o. forcing fluids
2. Frequent observation of urine, amount, color, consistency, etc.
3. Milk catheter if passing clots
4. Notify TL/M.D. if catheter becomes plugged and/or irrigate if so ordered

_____ Maintain patent airway and adequate respiratory status

1. Encourage T.C. DB every 2 hours
2. Observation of temperature at least every 4 hours

_____ Encourage PROM/AROM ankle flexion/extension, leg raises

_____ Evaluate cause of discomfort (ie. bladder spasms) and determine possible causes and relieve by:

a. Maintaining patent catheter

b. Frequent fluids

c. Catheter care

d. Medications (ie. Ranthine, B & O supp.)

_____ Begin to teach patient aspects of self care as soon as realistic

a. Instruct catheter care

b. Importance of adequate fluid intake

c. Activity limitations (limit activity, no heavy lifting, straining stool etc.)

d. What signs/symptoms should notify M.D.

e. Passage of small amount blood 6 - 8 weeks - normal

			COMMENTS
Given a patient who is to undergo or is undergoing a course of radiation therapy, the student will exhibit through the nursing care plan, charting, implimentation of patient care a understanding of expected effects, side effects of radiation	_____	Includes patient in planning his/her care as appropriate	
	_____	Utilizes all pertinent lab data in planning care (ie. WBC, Hg etc)	
	_____	Provides for nutritional aspects	
	_____	Determines special likes and dislikes	
	_____	Continually re-evaluates patient's progress/difficulties	
	_____	Places patient on I & O	
	_____	Places patient on weight weekly/bi-weekly as deemed necessary	
	_____	Indicates through charting is aware of all possible effects of radiation	
	_____	Plans activities around treatment time as appropriate	
	_____	Evaluates patient's ability to carry out ADL and adjust schedules, activities as appropriate	
	_____	Allows patient opportunity to express fears, concerns as appropriate	
	_____	Exhibits ability to consider long-range home care planning as appropriate (ie. PH referral, Nursing Home Plan)	

Given a patient who is to undergo or is undergoing chemotherapy, the student will exhibit through the nursing care plan and charting, knowledge of specific chemotherapy agent, expected effects and side and toxic effects.

_____ Utilized all pertinent lab data in planning nursing care (ie. WBC, retic, etc.)

_____ Includes patient in planning of care and routine

_____ Allows patient opportunity to express fears etc.

_____ Allows family to express fears etc.

_____ Exhibits daily evaluation of patient's response to chemotherapy in charting

_____ Provides for nutritional aspects

_____ Determines caloric needs--are they being met?

_____ Weight loss?

_____ Can patient eat food he is getting?

_____ Does he like foods he is getting--if not what foods does patient like--get dietitian to see

_____ Weight bi-weekly

_____ Alliviate nausea, mimimize other side effects--plan in advance for possible toxic effects drugs (loss of hair)

_____ Exhibits ability to consider long-range home care planning for particular patient

COMMENTS

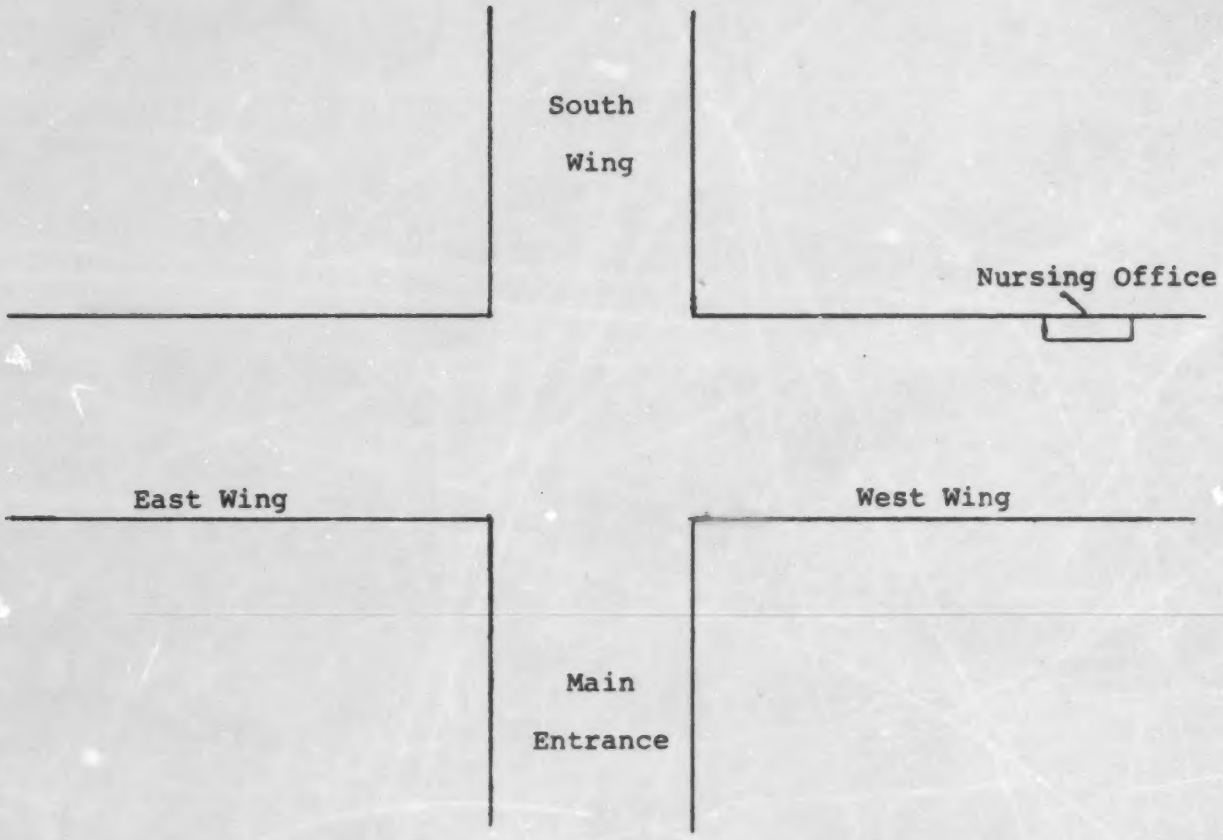
Appendix E

SPECIAL NOTE TO ALL ADVANCE PLACEMENT STUDENTS:

All this information may seem a bit overwhelming at first - please read over at your leisure. Remember, these clinical performance tests are not "tests" in the real sense of the word - rather they are to help both of us determine your areas of strength and your areas of weakness. I know you will be put in a new clinical area and won't be familiar with the area or the hospital routines. I will help you in these areas.

c/b
4/74

MAP OF VETERAN'S ADMINISTRATION HOSPITAL



GENERAL INFORMATION

CLINICAL PERFORMANCE EVALUATION

1. Location: 5 West - VA Hospital, Iowa City
   Phone: 338-0581

2. Time: 1st day 8:00 - 1:00
   2nd day 8:00 - 12:30

3. Attire: Regular uniform, name tag, cap

4. On the first day of your clinical performance evaluation please go to the nursing office. There, Mrs. Luce will have you sign your name on a VA form which will legally cover you for this two day experience. Please plan on being in the nursing office between 7:50 - 7:55.

5. Parking: Unless you are a VA employee with a sticker, you will not be able to park on the VA grounds. You will not be allowed to park in the visitors or volunteer places. Parking is sometimes available across 218 in the residential area especially on Woolf Ave. Also parking is available in the University Hospital's parking ramp.

6. Ward Information: 5 West is a 33+ bed ward and contains patients from the following surgical services: Orthopedics, eye, chest and neurology. You will be assigned primarily post-operative orthopedic &/or possibly eye patients.

7. Ward Routines: a. Linen is changed daily for all bed patients

   b. Vital signs routine: These are recorded on appropriate board
   Temperature: 8:30
   T P R : 1:00

8. Medications frequently used on 5 W

Aldomet	Keflex
Ampicillin	Keflin
Colase	Lasix
Digitoxin	Linocin
Digoxin	Multivits
Diuril	Prednisone
Dulcolax	Proneystl
Ferrous Sulfate	Quinidine
Garamycin	Tetracycline
Hydrodiuril	

c/b
4/74

CLINICAL PERFORMANCE EVALUATION

I. Demonstrates the ability to organize the care to be given to one patient and assumes the responsibility for patient and his cares.

   A. On the second day, the student will be able to identify two strengths and one weakness concerning her organizational ability

II. Demonstrates safe nursing skills and practices techniques and makes decisions that protect patients from danger.

   A. On the second day, the student will be able to identify two strengths and one weakness concerning her safety skills.

III. Demonstrates the ability to relate knowledge of the patient's diagnosis, diet, activity, vitals and lab data to nursing care verbally with instructor in writing throught the nursing care plan.

   A. On the second day, the student will be able to identify two strengths and one weakness concerning these abilities.

IV. Demonstrates the ability to evaluate her own performance.

   A. On the second day, the student will be able to identify one strength and one weakness concerning her abilities.

V. Demonstrates the ability to carry out effective communication with patients, peers, staff, and instructors.

   A. On the second day, the student will be able to identify two strengths and one weakness.

STUDENT EXPECTATIONS

1. On the second day the student will turn in, on appropriate care plan form, an individualized plan of care for assigned patient. This plan of care will identify three out of four patient problems or needs.

2. On the second day will turn in identified strengths and weaknessess.

c/b
4/74

With specific instructions the student will be able to set up and administer medications

(tablet, liquid, IM, or subq.)

with 100% accuracy to assigned patients utilizing the "5 rights"

		COMMENTS
_____	Will verify the medication order either by checking Doctor's order, patient's medication card &/or Kardex before giving	
_____	Identifies the correct bottle of medication before removing from the shelf	
_____	Identifies the name of the drug a second time before opening the lid	
_____	For liquid meds:	
	a. Shakes the bottle well until mixed	
	b. Holds the plastic graduated medicine cup at eye level while pouring	
	c. Holds the label side of the bottle in the palm when pouring the medicine	
	d. Pours the correct number of ml's into the med. cup be reading at the bottom of the meniscus	
	e. Wipes the mouth of the container before replacing the cap, if the solution ran over the neck of the bottle	
_____	For tablets or capsules:	
	a. Pours the correct number of tablets into the lid and then the med. cup without touching the tablets with his hands	

____ Drawing up Intramuscular Medication

a. Calculates on paper the correct amount of each medication required in the order

b. Identifies the vial of medication to be used

c. Wipes the rubber stopper with the alcohol sponge

d. Injects the correct number of cc's of air into the vial

e. Withdraws the correct number of cc's of medication

f. Adds a small air bubble after the correct dosage is measured

g. Identifies the drug for a third time

h. Administers the drug to the patient after first identifying him by his armband

i. Correctly records on the medication sheet that the medication was administered

Given a patient who will be undergoing a surgical procedure the student will be able to carry out pre-operative instruction.

		COMMENTS
____	Plans the method for carrying out the instruction dependent upon patients' needs and level of understanding	
____	Evaluates the patients' learning (ie. through return demonstration)	
	Specific aspects to include in Pre-operative instruction:	
____	Explains to the patient the purpose and method of pre-operative shower	
____	Explains any special preps (ie. bowel)	
____	Explains the surgical skin prep	
____	Informs the patient about the NPO policy	
____	Explains in a tactful way, without introducing additional fears, the rational for NPO and need for IV fluids in OP (if appropriate)	
____	Explains about pre-operative sedation --- side rails	
____	Emptying of bladder prior to medication (Unless has catheter)	
____	Explains need for removal of rings, watches, false teeth	
____	Explains and describes the recovery room (if appropriate)	
____	Reassures the patient that there will be close surveilance of him post-operatively per routine (ie. frequency of V. S.)	

_____ Instructs patient concerning need and method of turning from side to side --- deep breathing --- coughing

_____ Instructs the patient in PROM and AROM exercises

_____ Plans and institutes instruction in such a manner that the patient is reassured rather than fearful

_____ Explains in a positive manner of the importance of the above statements

_____ Communicates feeling of understanding to the family about their concerns for the patient---informs family of waiting rooms (if appropriate)

_____ Inquires about further questions the patient may have

_____ Inquires about further questions the family may have (if appropriate)

Given a patient who has undergone an orthopedic surgical procedure, the student will be able to successfully.

COMMENTS

____ Completes post-operative bed if not done

____ Prepares room for return post-operative patient (ie. BP equipment, temperature eresis basis, kleenex, etc.)

____ Assists in transfer of patient from cart to bed

____ Receives report from RR nurse

____ Notes patient's condition. Take BP, pulse, respiratory rate and temperature

____ Completes immediate postoperative charting

a. ____ Time of patient's return and safety measures instigated (ie. side rail up, bed lowered, call-bell)

b. ____ Temperature, BP, Pulse, Respiratory rate

c. ____ Level of consciousness of patient (quiet, restless)

d. ____ If spinal - ability to move legs, feet, etc.

e. ____ Color and condition of skin: cool or warm, dry or moist, hematomas, etc.

f. ____ Condition of dressings, tubes, catheters and how attached, drains and amount of drainage and color of drainage

g. ____ Type of cast and circulation (ie. color, warmth, sensation, ability to move extremities)

h. ____ Type of IV infusion and how well infusing (gtts/min) Pain--location, severity, and nursing intervention

i. ____ Any medications given (and effectiveness)

j. ____ Anything unusual

____ Keep patient comfortable and warm (ie. turning, mouth care)

____ Regulate IV fluids/order

____ Take BP P. R. per order or more frequent if occasion warranted

____ Observe for signs and symptoms of shock

____ Check circulation to extremeties

a. ____ Check the color, temperature, movement and sensation in operative extremity

____ Maintain patent airway and adequate respiratory status

a. ____ Encourage T. C. DB every 2 hours

b. ____ Observation of temperature at least every 4 hours

____ Encourage PROM/AROM ankle flexion/extension, leg reaises (unless contraindicated)

____ Carries out appropriate cast care

____ Supports cast with palms when moving patient

____ Allows cast to dry evenly

____ Able to identify potential pressure areas and ways of relieving these (ie. padding, pillows, etc.)

____ Recognizes signs of patient discomfort

____ Relieves pain with medication if appropriate

____ Institutes other comfort measures

The student can demonstrate the technique for applying sterile gloves.

The student recognized when contamination has occurred

89

____ Assembles equipment

____ Washes hands

____ Places sterile glove packet on flat, clean surface and unfolds in appropriate sequence

____ Removed gloves from wrapper and applied:

- ____ Grasping left glove at folded edge of cuff-tip with right hand (touched only the inside with clean hand)
- ____ Grasping right glove at folded edge of cuff-tip with left gloved hand. (Touched the inside of cuff with gloved hand)
- ____ Kept fingers straight while putting gloves on.
- ____ Adjusted fingers of gloves without contamination

COMMENTS

			COMMENTS
The student can demonstrate the technique of setting up a sterile tray and recognize when contamination occurs	____	Assembles equipment	
	____	Washes hands	
	____	Covers tray with sterile drape	
	____	Places sterile basin on tray	
	____	Places required materials on tray (according to dressing card)	
	____	Opens sterile packages without contamination or tears	
	____	Pours solution into basin if required	
	____	Covers entire tray with sterile drape	

The student can demonstrate the technique of changing sterile dressings.

The student recognizes when contamination has occurred.

		COMMENTS
____	Assembles equipment	
____	Washes hands	
____	Explains procedure to the patient at his level of understanding	
____	Screens unit	
____	If dressings are in separate packages opens them without contamination	
____	Removes binder or adhesive tape	
____	Places soiled dressings in designated receptacle	
____	Opens sterile towel and places on bed to serve as sterile field	
____	Places dressings on towel	
____	Handles forcep by not allowing solution from tip to run up to handles	
____	Uses approved technique in putting on sterile gloves	
____	Cleanses wound with prescribed solution	
____	Starts at center of wound and works outward	
____	Dries area with sterile gauze	
____	Places sterile dressings on wound	
____	Does not contaminate wound or dressing	
____	Removes gloves by turning inside out	
____	Applies adhesive or binder	
____	Records procedure and observations	

NURSING II CARE PLANS DATE _____

Appendix F STUDENT _____

PATIENT DIAGNOSIS _____

PATIENT INITIALS _____

PATIENT AGE _____

PATIENT DIET _____

OBSERVATIONS	PATIENT PROBLEM &/OR NEED	NURSING INTERVENTION	EVALUATION OF INTERVENTION

1/73/dc

Appendix G

KIRKWOOD COMMUNITY COLLEGE
Advanced Placement 1974

Clinical Performance Evaluation

I. Organization:

II. Safety:

III. Relating Knowledge to Nursing Care:

IV. Evaluation:

V. Communicaton:

Recommendations:

FORM 2

KIRKWOOD COMMUNITY COLLEGE
Nursing Education
Advance Placement Credit Evaluation

Student _____
Date _____
Advisor _____

Appendix H

	NURSING	SOCIAL SCIENCES	BIO SCIENCES	COMMUNICATIONS	ENGLISH
Transfer Credits Accepted					
TOTAL					
Credits Needed					
TOTAL					

3/73

KIRKWOOD COMMUNITY COLLEGE

ADVANCE PLACEMENT PROGRAM PLAN

Appendix H

DATE_____ STUDENT_____ ADVISOR_____

(Year)__Summer Quarter-June

(Year)__Fall Quarter-September

(Year)__Winter Quarter-November

(Year)__Spring Quarter-March

(Year)__Summer Quarter-June

(Year)__Fall Quarter-September

(Year)__Winter Quarter-November

(Year)__Spring Quarter-March

TRANSFER CREDITS ACCEPTED:

KIRKWOOD (MUNITY COLLEGE
Nursing Education
Credit Requirement for Graduation 1974-75

Appendix H.

NURSING			BIO SCIENCE			SOCIAL SCIENCE			COMP.		
NO.	COURSE	CREDIT	NO.	COURSE	CREDIT	NO.	COURSE	CREDIT	NO.	COURSE	CREDI
NS013U	Nutrition	2	BY008T	Anat. & Phys. I	4	PY002T	Gen. Psychology	4	CM101T	Speech	3
NS002U	Metrology	1	BY009T	Anat. & Physiology II	4	SO004T	Sociology	4	CM192T	Comp. I	4
NS003U	Nursing I	9	BY018T	Med Microbiology	4	SO006T	Social Problems	4	CM101T	Comp. II	4
NS004U	Nursing II	10			12		Growth & Devel.	4			11
NS005U	Nursing III	10						16			
NS006U	ADN Nursing IV	10									
NS007U	ADN Nursing V	12									
NS008U	ADN Nursing VI	12									
NS009U	ADN Nursing VII	12									
NS0010U	ADN Nursing VIII	16									
NS0011U	ADN Nursing Seminar	2									
NS001U	Changing Patterns in Health Care and Nursing	1									
NS	Advance Placement Nursing Seminar	1									
		98									

TOTAL QUARTER CREDIT HOURS
ADN

Nursing	98
Bio. Science	12
Social Science	16
Communications	11
Electives	4
	141

Appendix I

KIRKWOOD COMMUNITY COLLEGE
Nursing Education

Advance Placement Candidate
Evaluation of Advance Placement Procedure

1. The procedure for Advance Placement was:

8 ☐ Well defined

3 ☐ Adequately defined

1 ☐ Confusing

2. The written challenge evaluations questions were for the most part:

6 ☐ Clearly stated

6 ☐ Adequately stated

☐ Confusing

and

11 ☐ a fair representation of my past learning and experience

1 ☐ not representative of my past learning and experience

3. The expectations for the performance evaluation were:

3 ☐ Clearly stated

9 ☐ Adequately stated

☐ Confusing

4. The expectations for the performance evaluation were:

☐ Too high

12 ☐ Appropriate

☐ Too low

9 5. ☐ I am more sure of my ability to become an RN as a result of the activities for Advance Placement provided this summer.

1 ☐ I am less sure of my ability to become an RN as a result of the Advance Placement activities provided this summer.

6. How did you utilize the course syllabi:

2 ☐ Used as study guide for each challenge exam

0 ☐ Used as study guide for only one test

6 ☐ Briefly looked at syllabi

4 ☐ Did not purchase syllabi

7. Do you feel the two week interval was beneficial between each written challenge exam?

5 ☐ yes

5 ☐ no

2 ☐ other

8. If you were to recommend a timetable for the written exams would you:

6 ☐ Keep the two week interval

5 ☐ Take all exams during two day testing period

1 ☐ Other. Specify. All tests in one day

9. What was the most helpful experience during the spring Advance Placement activities?

Not til perfomance eval. in 2nd day felt things fallng into pla
Conversations with instructors most helpful.
Interviews - having questions answered.
Meeting with other students.
Meeting with first advanced placement class.
Explanation conference most helpful.
Knowing what courses to take.
Clinical eval. able to see what expected next fall.
Clinical eval. see weaknessess and knowing they can be helped.

10. If you were able to change anything in relation to these activites what would it be?

Procedure transferring credits seems disorganized.
2 Be made cleared in beginning who to contact when questions arise.
Schedule tests closer.
4 One day clinic.
Testing one day.
One to one initial interview with advisor.
exams over 2 day period.

5-6-74 kr

Appendix J

[redacted]

To: J. Miller, C. Lavoque, F. Walters, G. Perkins

From: Georgianna Platt, Advanced Placement Advisor

Re: September, 1973 ADN Class

Date: January 15, 1973

The Advanced Placement ADN Class of September, 1973, will be processed early to officially start the nursing program in June, Summer Quarter, 1973.

In the past, these students would initially enroll in Nursing V in the Fall quarter. After completing 4 quarters of nursing (Nursing V, VI, VII and VIII), they would have to enroll in Nursing IV (Psychiatric Nursing) in the Winter Quarter. Ordinarily this course is not offered in the Winter Quarter, but due to the fact that these students needed this course to not for the State board Exam, there was a special course offered during this quarter.

To eliminate the necessity of offering Nursing IV 3 times a year, at great expense to both the nursing department and Kirkwood, it was decided to start each Advanced Placement ADN Class in the Summer Quarter. The students will enroll in the Nursing IV Course and finish the program in sequence.

bw

BEST COPY AVAILABLE

Appendix K

KIRKWOOD COMMUNITY COLLEGE
NURSING EDUCATION
Advanced Placement Seminar
Fall Quarter, 1974

A. Description

1. Pre-requiste: Graduation from an accredited LPN program and at least one year of work experience. Completion of the Nursing I, II, III and Metrology written challenge exams and satisfactory completion of the clinical performance exam.

2. The focus of the seminar is to help the student in gaining an understanding of the role and expectation of the graduate Associate Degree Nurse. To aid the student in developing skills in problem-solving, self-directed learning, communication and self-evaluation abilities.

B. Comprehensive Objectives: The student will exhibit the following behaviors upon completion of the course:

1. Describes the role and responsibilities of the Associate Degree Nurse

2. Lists personal advantages and disadvantages for pursuing an RN

3. Accepts and functions positively in the student role after having been a practioner

4. Identifies strengths and weaknesses and sets realistic goals for improvement

5. Identifies principles of human interactions that influence behavior in self, peers and patients and is able to utilize this knowledge in developing positive relationships.

6. Demonstrates observational techniques that aid in determining patient needs.

7. Applies the problem-solving technique in the nursing care setting

8. Applies basic knowledge of the grieving process in providing care to patients undergoing loss of body part or function and/or preparing for death

9. Preserves the dignity and self-respect of patients by recognizing and respecting their individuality, their racial background, religious beliefs and socio-economic status.

C. Structure of Course: Course is one quarter in length and will be pass-fail. Passage of the course will be determined upon the students ability to fulfill the comprehensive objectives. Evaluation will be based upon contributions during group discussions.

D. Class hours:

Monday 8:30 - 9:30 Room

E. Objectives:

1.1 Defines the terms "nurse technician" and "professional nurse"

1.2 Identifies two similarities between job expectations of the LPN and ADN

1.3 Identifies two differences between job expectations of the LPN and ADN

1.4 Identifies two differences, according to the League Exchange article between professionally prepared (baccalaurate) and semiprofessionally prepared (ADN) graduates

1.5 Compares the functions of ADN graduates listed in the League Exchange article with a job description of local hospital for a beginning ADN staff nurse

1.6 Identifies two advantages to the recipient of nursing care (patient) since the development of the ADN.

2.1 Lists and discusses 3 personal advantages for obtaining ADN Training

2.2 Lists and discusses 3 personal disadvantages in obtaining ADN training

2.3 Identifies and discusses two positive aspects of change to the student role from that of the working role

2.4 Identifies two negative aspects of change to the student role from that of the working role

2.5 Discusses the phrase "image of the nurse" and preconceived ideas that you and the patient may have.

3.1 Knows the essential steps in the problem solving process

3.2 Demonstrates the ability to solve a personal problem utilizing the process

3.3 Describes how the problem solving process can be used to meet patient's needs

4.1 Applies the relationship between the problem solving process and the process of providing nursing care to patients

4.2 Defines "nursing process" and lists the basic steps in the nursing process

4.3 Describes the tools of assessment the nurse uses to gather data

4.3a Describes the terms used in connection with symptoms (i.e. subjective, objective)

4.4 Explains the purpose of nursing care plans

4.5 Describe ways for evaluating the effectiveness of nursing care.

5.1 Describes and uses a theraputic approach in communicating effectively with patients.

5.1a Describes the psychological effects of hospitalization and illness on a person

5.1b Identifies factors which tend to promote good interpersonal relationships

5.1c Describes the need for considering individual differences and needs in planning patient care.

5.2 Converses therapeutically with patients

5.2a Provides opportunities for patient to express thoughts and feelings

5.2b Observes non-verbal behavior during interaction

5.2c Listens carefully to expressed thoughts and feelings and to tone of voice

5.2d Expresses acceptance to patient

5.2e Encourages focus on patient's concerns

5.2f Discusses the importance of self-understanding on the part of the nurse

6.1 Provides nursing care to patients identifying cultural influences in the plan of care

6.1a Explains the meaning of "culture"

6.1b Describes how culture is learned and how cultures are subject to change

6.1c Compares own beliefs and values to those of another

7.1 Compares and is able to discuss own feelings about death with that of the American culture.

7.2 Applies the communication of feelings and attitudes to the care of a dying patient.

7.2a Explores the importance of offering understanding, respect and support to the dying patient and his family

7.2b Explores manners in which patients may face death depending on various factors: age, personality, culture and religion.

7.2c Discusses how the dying patient and death is frequently handled by nursing personel.

7.3 Lists and describes the stages in the grieving process.

7.3a Applies the stages of the grieving process to the care of patients in relation to death, loss of body parts, loss of body function.

8.1 Discusses the meaning of comprehensive health

8.2 Defines the meaning of "high-level wellness"

8.3 Discusses the purposes of the health-illness continuum and identifies own position on the centinuum.

8.4 Formulates definition of health based on own values, readings, discussion.

Date	Topic	Assignment
9/10/73	Objectives 1.1 - 1.6	1. Read: Forest, Betty L., "The Utilization of Associate Degree Nursing Graduates in General Hospitals", The League Exchange No. 82, National League for Nursing, 1968. 2. Read: Katzell, Mildred, "Upward Mobility in Nursing", Nursing Outlook, 9/70, vol. 18, No. 9, pp. 36 - 39. 3. Obtain position description (Job Description) from one local hospital for beginning RN practioneer.
9/17/73	Discussion 1.1 - 1.6 Objectives 2.1	1. Bring list of personal advantages and disadvantages for pursuing RN 2. Read: Johnson, Dorothy, "Competence in Practice: Technical and Professional Nursing Outlook, 10/66, pp. 30 - 33.
9/24/73	Objectives 3.1 - 3.3	1. Read: Fuerst and Wolff, "Using Problem Solving Nursing Practice", Fundamentals of Nursing, Philadelphia, Toronto, J.B. Lippincott Co., 4th edition, pp. 23 - 31.
10/1/73	Objectives 4.1 - 4.3	1. Read: Lewis, Lucile, "This I Believe.. About the Nursing Process - Key to Care", Nursing Outlook, pp. 26 - 2[illegible]. 2. Read: Zimmerman, Gohrke, "The Goal-Directed Nursing", AJN, 2/70, pp. 306 - 310.
10/8/73	Objectives 4.4 - 4.5	1. Read: Hayter, Jean, "Impaired Liver Function and Related Nursing Care", AJN- 11/68, pp. 2374 - 2379.
10/15/73	Objectives 5.1a - c	1. Read: Fuerst and Wolff, "Using Communication Skills", Fundamentals of Nursing, pp. 79 - 87.
10/29/73	Objectives 5.2	1. Read: Robinson, Vera, "Human in Nursing", 6/10, AJN, Vol. 70, No. 5, pp. 1066.

11/5/73	Objectives 6.1	1. Read: Deutsch, Elizabeth, "A Stereotype - Or An Individual?", Nursing Outlook, 2/71, Vol. 19, No. 2, pp. 105 - 8.
11/12/73	Objective 7.1 - 7.3	1. Read: Ross, Elizabeth Kubler, "What is it like to be Dying?", AJN, 1/71, Vol. 71, No.1, pp. 54 - 6 2. Hoffman, Esther, "Don't Give Up on Me!", AJN, 1/71, Vol. 71, No. 1, pp. 60 - 62.
11/19/73	Objective 8.1 - 8.4	1. Read: Dunn, Halbert, "High-level Wellness for Man and Society", American Journal of Public Health, June 1959, p. 786.

Date	Topic	Assignment
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10/15/73	Objectives 5.1a - c	1. Read: Fuerst and Wolff, "Using Communication Skills", Fundamentals of Nursing, pp. 79 - 87.
10/29/73	Objectives 5.2	1. Read: Robinson, Vera, "Human in Nursing", 6/10, AJN, Vol. 70, No. 5, pp. 1066.

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Appendix I

KIRKWOOD COMMUNITY COLLEGE
ADVANCE PLACEMENT QUESTIONNAIRE

To: Advanced Placement Students 1973

Congratulations! You have succeeded in your goal. I'd like you to take a few moments and help us once again by filling out the following questionnaire. We would also like to keep in touch with you and have you fill out another questionnaire in six months. Good luck on State Boards!

1. The cost of the 15 months for me was:
   a. estimated direct school related costs:

   b. estimated living and travel costs:

2 If given the opportunity to enter the program as an Advanced Placement student, I would:
   ☐ do it again

   ☐ have some reservations

   ☐ not do it again. Explain ---

3. I would rate the information concerning the program, courses, and expectations I received prior to my entry or during the evaluation period as:

   ☐ realistic

   ☐ fairly realistic

   ☐ fairly unrealistic

4. I felt that my individual needs conerning theory knowledge and clinical experience were:

- ☐ met completely
- ☐ met adequately
- ☐ not met adequately. Explain---
- ☐ not considered. Explain ---

5. At this point, what do you see as benefits to you as an individual and professionaly for having completed your education under this program?

6. If your were to recommend any changes as to the evaluation process, (prior to actual entry) curriculum, (course sequences) or role of advisor, what would you suggest?

7. Indicate any expected name changes or address changes.

kr 11-74

Appendix M

KIRKWOOD COMMUNITY COLLEGE
ADVANCE PLACEMENT QUESTIONNAIRE

To: Advanced Placement Students 1973

Congratulations! You have succeeded in your goal. I'd like you to take a few moments and help us once again by filling out the following questionnaire. We would also like to keep in touch with you and have you fill out another questionnaire in six months. Good luck on State Boards!

1. The cost of the 15 months for me was:
   a. estimated direct school related costs: 1200 1165 1000 850 1000 — 1043 mean

   b. estimated living and travel costs: 1800 1500 2000 1100 — 1600 mean

2 If given the opportunity to enter the program as an Advanced Placement student, I would:

- ☐ do it again / — (1)
- ☐ have some reservations // — (2)
- ☐ not do it again. Explain --- // — (2)

↑anx. belief in ability ↓ degrating, demoralizing program take 4 yrs as RN to earn back money lost As LPN not working

3. I would rate the information concerning the program, courses, and expectations I received prior to my entry or during the evaluation period as:

- ☐ realistic / — (1)
- ☐ fairly realistic /// — (3)
- ☐ fairly unrealistic / — (1)

nothing said before about night classes & clinics
Knew nothing about independent study program
not told how hard it would be to work required courses around nursing courses - everything would conflict & it would be difficult working on classes we needed to take

4. I felt that my individual needs concerning theory knowledge and clinical experience were:

☐ met completely

☐ met adequately III (3)

☐ not met adequately. Explain--- I I (2) A+P given last quarter - Should have been given 1st
clinical pts not assigned minimal work ē tech. OR no

☐ not considered. Explain ---

5. At this point, what do you see as benefits to you as an individual and professionaly for having completed your education under this program? challenge to meet my educational standards + prove to be a functioning nurse
took course in 15 mo. - wouldn't have been able to afford 2yr. program
professionally will be an RN after 15 mo. educa.
↑ salary
(3) Same work as did before ē more understanding - Kindness + Knowledge
able to work in 3 different types of hospital - private, state + federal

6. If your were to recommend any changes as to the evaluation process, (prior to actual entry) curriculum, (course sequences) or role of advisor, what would you suggest?
Continue meetings ē advisor q 4 wks past 1st semester Ad Place. Seminar
Curriculum - instructors more accisible, test material taken from reading material assigned only.
take Psych 1st - so don't have hassle ē state boards
more contact ē ad placement advisor

7. Indicate any expected name changes or address changes.

eval - be presented to students in way not to make them uncomfortable
give good qualities as well as bad
help don't hinder students - so they don't quit.
Do all testing in 1 mo. instead of over whole summer
take courses before beginning course - take everything
except nursing classes before going in course
tell students exactly what program is like -
explain ind study
kr 11-74
tell of night classes beforehand + these will
conflict ē other classes